

Vermont Health Care Reform Activities

Sorted by Topic and Date - April 16, 2007

Lead	Topic	Sub-topic	Act 190, 191 Section (refers to Acts 190 & 191 unless otherwise noted)	Due Date bold=statutory; plain =admin. internal target	Status	Required Frequency	Deliverable	Description
DMV	Advanced Directives	Advanced Directive on licenses & IDs	Act 215 - 339(c)(2)	09/01/06	Stickers to be provided upon registration		Licenses	As existing licenses & ID cards are depleted, issue new cards allowing Advanced Directive indication
HEALTH	Advanced Directives	Create Rules re: process and forms	Act 215 - 339(b)(2)(A)	09/01/06	Rules approved by ICAR on 12/13/06; rules effective 1/8/07		Rules	Adopt rules for Advanced Directive registry
HEALTH	Advanced Directives	Establish Registry \$50,000	Act 215 - 118(g), 339(b)(1)	09/01/06	Registry available upon rule adoption: 1/8/07		Registry	Advance directive registry established
HEALTH	Advanced Directives	Provide stickers	Act 215 - 339(b)(2)(B)	09/01/06	Stickers provided upon registration		Stickers	Provide stickers for people in registry
HEALTH	Advanced Directives	Web-site	Act 215 -339(c)(1)	09/01/06	Website includes info for consumers, providers, and other state agencies about advance directives and the Registry, as well as all forms needed to submit advance directive to the Registry.		Web-site	Information available on Web-site
OVHA	Benefits	Chiropractic Literature Review	Act 215 - 107c	11/01/06	Report submitted on 10/31/06		Report	Lit. review of chiropractic treatment & recommendations re: reinstatement of benefit in FY08 budget
HEALTH	Blueprint	5 Year Blueprint Strategic Plan	5 - 702(a); (c)(1)A-J); (c)(2); (d)(1)	01/01/07	Plan submitted to Legislature in January, 2007.	Annually	Report	Est. 5-year strategic plan, report on implementation status and amendments
HEALTH	Blueprint	Executive Committee	5 - 702(b)(1)	05/25/06	Executive Committee formed		Adv Comm	Establish executive advisory committee for 5 yr. plan
HEALTH	Blueprint	Funding \$3,246,492 + \$2,092,646 one-time	Act 215 -115a	07/01/06	Funding appropriated			Blueprint funding, including provider incentives and participation
HEALTH	Blueprint	Organizational Structure	4 (c)(3)	06/15/06	Report submitted		Report	Submit preliminary report on Blueprint organizational structure
HEALTH	Blueprint	Plan review and amendments	5 - 702(c)(2)	01/01/09		Biennially		Plan review and amendments by Executive Committee
HEALTH	Blueprint	Provider Incentive Grants	10	07/01/06	Incentives included in RFP; first grant payments made			Provide incentive grants & stipends to physician practices participating in Blueprint pilots
HEALTH	Blueprint	Revised Strategic Plan	4 (c)(1)	10/01/06	Plan submitted to Legislature in January, 2007.		Report	Present revised Blueprint strategic plan that includes 1/1/07 target for full IT model design
HEALTH	Blueprint	Statewide Blueprint Participation	5 - 702(d)(2)	01/01/09			Report	Statewide participation deadline - recommend changes if not achieved
OVHA	Blueprint	Provider Reimbursement tied to Blueprint standards	9 (c)	07/01/07	Provider payment methodologies will be in CCMP implementation			Tie Medicaid reimbursement for hospitals & health care professionals to Blueprint standards and performance measures
F&M	Catamount Fund	Fiscal status	16- 1986	09/15/07		Annually	Report	Establish and report to JFC on Catamount Fund
BISHCA	Catamount Health	BISHCA approval of forms and rates	15 - 4080f. (m)(2,3)	04/23/07				BISHCA deadline for approval / disapproval of carriers' forms and rates (45 days after filing)
BISHCA	Catamount Health	Carrier filing deadline	15 - 4080f. (m)(2,3)	03/07/07	Received filings from BC/BS of VT and MVP			Carrier deadline for filing forms and rates (5 months after letter of intent)
BISHCA	Catamount Health	Carrier letter of intent	15 - 4080f. (m)(1)	10/07/06	Received letters from BC/BS of VT, MVP, and Capital District Health Plans (CDHP)			Carrier letters of intent due (30 days after effective date of rules)
HCR Commission	Catamount Health	Changes due to low enrollment	21- 902	01/01/11				Determine needed analysis and criteria for changing health care financing and delivery system if less than 96% of Vermonters have insurance by 2010
HCR Commission	Catamount Health	Cost Effectiveness of Market	21 - 903(b)(1)	10/01/09			Report	Evaluate Catamount Health Market re cost effectiveness
BISHCA	Catamount Health	Eligibility dispute resolution rules	15 - 4080f. (d)(1)	08/30/06	In Catamount Rules		Rules	Establish rules for insurance companies to follow re: individuals' dispute regarding Catamount eligibility.
BISHCA	Catamount Health	Expedited Rules	20	08/01/06	Rules filed with Secretary of State on 9/8/06; now in effect		Rules	File expedited rules for Catamount Health
AoA	Catamount Health	New RFP if needed	21- 903	01/01/10			RFP	If needed, issue RFP for Catamount Health only w/o assumption of risk; state shall purchase stop-loss reinsurance
BISHCA	Catamount Health	Pay for performance demonstration	15 - 4080f. (c)(5)	08/30/06	In Catamount Rules			May establish pay-for performance demonstration project for Catamount carriers.

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BISHCA / DCF	Catamount Health	Plan offer date	15 - 4080f. (l)	10/01/07				Catamount offer date
BISHCA	Catamount Health	Premium rates - AAA certification	15 - 4080f. (h)	08/30/06	In Catamount Rules		Rules	Establish rules for AAA certification requirements.
BISHCA	Catamount Health	Premium rates - approval	15 - 4080f. (g)(1)	04/23/07				Rates must be approved after being actuarially determined
AHS / BISHCA / AoA	Catamount Health	Progress report	21 - 902(c)(2)	10/01/07		Monthly	Report	Progress reports on Catamount Health
BISHCA / AHS / AoA	Catamount Health	Proposed Design Changes, if needed	15 - 4080(f0	01/01/08				Evaluate affordability of Catamount Health Plan benefits and propose recommended changes if necessary
AHS	Catamount Health	Toll-free help line	16 - 1985(a)	06/01/07			Help Line	Establish toll-free help line re: enrollment and premium assistance
AHS / HEALTH / OVHA	Chronic Care	AHS Chronic Care Prevention & Mngmnt Implementation Plan	7 (a)	01/01/07	AHS Plan is in Blueprint Strategic Plan submitted in January, 2007	As Needed	Report	Develop AHS implementation plan for prevention and management of chronic conditions; modify as needed to reflect changes in Blueprint Strategic Plan
OVHA	Chronic Care	Care Coordination Participation Incentives	9 (a)(1)(B), (2)	01/01/07	Date realigned to be implemented within CCMP			Develop incentives & payment restructuring for health care professionals participating in care coordination program
AHS / OVHA	Chronic Care	Chronic Care Management Program - CMS Approval	7 (a)	01/01/07	RFP issued on 10/5/06; 8 responses submitted by 01/4/07 due date	On-going	RFP	Analyze need for Medicaid waiver for chronic care management program & include in waiver amendment request to CMS
OVHA	Chronic Care	Chronic Care Management Program - RFP	6 (c)(1)	10/06/06	Included in 9/11/06 Waiver amendment request		Waiver?	Health Care Reform Commission review of draft RFP before it is issued
OVHA	Chronic Care	Chronic Care Management Program - Vendor	6 (a) - (e)	02/15/07	RFP approved by HCRC on 9/26/06		Report	Contract with vendor to implement chronic care management program ; modify as needed to align with Blueprint
OVHA	Chronic Care	Chronic Care Staffing	Act 215 - 105(a)	06/01/07	Vendor Selected			Approves 3 new positions for Chronic Care Management RFP & on-going contract management
HEALTH	Chronic Care	Chronic Fatigue Syndrome	Act 215 - 116	12/30/06	First position, CCMP lead, appointed 10/06			Inform health care providers of the information available on the web-site through publication of an article in the Disease Control Bulletin and Vermont Health Network Alert
DHR	Chronic Care	State Employee Health Benefits Program	8	01/01/07	Information about CFS is now on the Health Department web site. An article to inform health care providers about CFS and about the web-site will appear in the Disease Control Bulletin during the the 1st quarter of '07 and will be announced over the Verno			Ensure that the State Employee Health Benefits Program that begins in January 2007 includes a Chronic Care Management Program and alignment with the Blueprint principles
DHR	Chronic Care	State Employee Health Benefits Program	8	01/01/09	CIGNA is hiring an Associate Medical Director for Vermont to ensure that CIGNA complies with the Blueprint standards and to attend all relevant Blueprint Workgroup meetings.			Evaluate effectiveness of State Employee Health Benefits program with chronic care management services
DHR	Chronic Care	State Employee Health Benefits Program	8	01/01/10		On-going		Ensure that the State Employee Health Benefits Program that begins in January 2010 includes a Chronic Care Management Program and alignment with the Blueprint principles
HEALTH	Chronic Care	Chronic Fatigue Syndrome	Act 215 - 116	11/01/06				Develop & distribute informational packet on Chronic Fatigue Syndrome
BISHCA	Cost Shift	Annual report	Cost Shift Task Force Report	01/30/08	Information distributed and available on VDH website			Report on cost shift (as recommended in Cost Shift Task Force Report)
BISHCA	Cost Shift	Cost Shift Task Force	26	10/30/06		annually		Convene Task Force to make recommendations re: statutory / admin changes to reduce cost shift (via slower growth rate in hosp charges & insurance premiums)
BISHCA	Cost Shift	Cost Shift Task Force Recommendations	26	12/01/06	First Task Force meeting on 10/25/06		Task Force	Task Force report on recommendations re: statutory / admin changes to reduce cost shift
OVHA	Cost Shift	Dental - supplemental payment \$242,836	Act215 - 108(b)	10/01/06	Report submitted on 12/1/06		Report	Provide supplemental payments to dentists w/ high Medicaid pt counts by 10/1/06; HAOC rpt on program parameters 9/1/06

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BISHCA	Cost Shift	Hospital cost shift reporting	25	04/30/07	HAOC approval of process on 9/19/06. Payment made on 10/1/06		Payment	Change hospital reporting requirement to reflect any increase in federal reimbursements, increase in # insured, decrease in bad debt/charity
BISHCA	Cost Shift	Hospital Standards for Bad Debt / Uncompensated care	29, 30	01/15/07	An analysis of the cost shift for each hospital is provided with each annual budget filing - analysis due 8/2007.	Annually	Staff report after hearings.	Recommend standard statewide uniform policy for hospital uncompensated care and bad debt
OVHA	Cost Shift	Implementation / Fiscal Report re: rate increases	9 (d)	10/31/06	Report submitted 1/17/07		Report	Report to HAOC plan for allocation of FY '07 appropriations for provider and hospital rate changes in 9(a), 9(b)
OVHA	Cost Shift	Rate and Cap Increases: Dental \$300,000	9 (a)(1)(D), (2); Act 215 - 108(a)	01/01/07	Report submitted on 10/31/06		Report	Increase dental rates: 1st restore 02/06 cuts, then split remainder in half to increase dental rates and adult dental cap
OVHA	Cost Shift	Rate increases		07/01/07	Increases implemented	FY08-10		Continue to increase Medicaid provider rates, within available resources
OVHA	Cost Shift	Rate Increases for Providers (E&M, CPT) \$2,428,363	Act 215 - 107 (b)	01/01/07				Provider rate increases (sec 19 of 861; annualized in FY08)
OVHA	Cost Shift	Rate Increases: CPT codes below Medicare	9 (a)(1)(C), (2)	01/01/07	Increases implemented			Increase base rates for current CPT codes that are significantly below 2006 Medicare, starting w/ lowest 1st (within available resources)
OVHA	Cost Shift	Rate Increases: Eval & Management Procedures	9 (a)(1)(A), (2)	01/01/07	Funding not sufficient for this increase			Increase OVHA base rates for evaluation management and procedure codes to 2006 Medicare rates
OVHA	Cost Shift	Rate Increases: Hospitals \$1,000,000	9 (b); Act 215 - 107(b)	01/01/07	Increases implemented			Increase hospital rates annually until federal upper limit is reached; amount must be annualized in FY08
AHS	Funding	Catamount Health Fund	16- 1986(e)	09/15/08	Increases implemented for Inpatient Care	FY08-??		Report to Joint Fiscal Committee on Catamount Fund receipts, expenditures, and balances
DOL	Funding	Employer Contribution	34, 35	01/01/07		Annually		Establish rules for Employer Assessment (administration and premium collection)
DOL	Funding	Employer Contribution	34, 35	04/01/07	Rules approved by ICAR on 12/13/06; now effective		Rules	Implement Employer Assessment (first payment due July 30, 2007)
DOL	Funding	Employer Contribution	34, 35	04/01/08	Paper forms/worksheets completed; working with contractor to modify electronic reporting.			Change employer contribution amount based on Catamount health plans premium increases
DOL	Funding	Employer Contribution - Seasonal Employees	32	01/15/07		Annually		Report on options to include seasonal employees in employer assessment
HAOC	Funding	Plan to eliminate Medicaid deficit	Act215 -112	01/15/07	Report submitted 1/12/07		Report	Health Access Oversight Committee (HAOC) recommendations to eliminate Medicaid deficit
TAX	Funding	Tobacco Tax Change	36-40	07/01/06	Report submitted 1/25/07		Report	Change tobacco tax (increase cigarette tax by \$.60 per pack) (institute a new tax on "little cigars" and roll-your-own tobacco as cigarettes)
TAX	Funding	Tobacco Tax Increase	36-40	07/01/08	Implemented			Increase tobacco tax (increase cigarette tax by \$.20 per pack) (change the method of taxing moist snuff to a per-ounce basis and increase tax by \$.17)
General Assembly / HCR Commission	HCR Coordination	Creates Commission \$300,000	21; Act 215 - 272(g)(9), 295(a)	07/01/06				Creates Commission on HC Reform to ensure system of care and universal access by 2009; provides for consultation for IT (\$200,000) & other implementation
DCF	Health Care Access	12 mo eligibility review for Medicaid, VHAP, DrD	7(b)	10/01/07	Commission formed and meeting	As Needed	Commission	Increases eligibility recertification or reapplication to every 12 months
VSAC / HEALTH	Health Care Access	Dental Hygienist & Nursing Loan Forgiveness Fund \$80,000	Act 215 - 119(a) (f) (g), 331	09/15/06	Included in 9/11/06 Waiver amendment request		Waiver, Rules	Funding for existing loan forgiveness program for dental hygienists and nurses
HEALTH	Health Care Access	FQHC look-alikes uncompensated care \$200,000	Act 215 - 119(h), 341	12/15/06	Grant to VSAC to administer program completed			Fund FQHCs look-alikes to develop income-sensitive sliding scale fees
AHS / AoA / F&M	Health Care Access	Implementation / Fiscal Report	46	01/15/07	Grants in process to FQHC Look-alikes			Provide to E-board estimates of GC, HCR & Catamount funds for current and 2 future FYs, & estimated monthly caseloads & PMPM for GC, LTC, VT Rx, Catamount Health, & premium assistance programs

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AHS / AoA / F&M	Health Care Access	Implementation / Fiscal Report	46	07/15/07	Information provided to E-Board at 1/16/07 meeting	Annually	Report	Provide to E-board estimates of GC, HCR & Catamount funds for current and past FY, & estimated monthly caseloads & PMPM for GC, LTC, VT Rx, Catamount Health, & premium assistance programs
AHS / AoA / F&M	Health Care Access	Implementation / Fiscal Report	47	01/15/09		Annually	Report	Report # uninsured; Catamount health costs & revenue trends, feasibility of opening Catamount at full premium cost, & # enrolled in chronic care management
HEALTH / HCR Commission	Health Care Access	Local Health Care Coverage Planning Grant	33, Act 215 - 115(a)	10/01/07			Report	Evaluate results of feasibility study to determine efficacy of local coverage initiative
HEALTH	Health Care Access	Local Health Care Coverage Planning Grant	33, Act 215 - 115(a)	01/15/08				If determined feasible, develop implementation recommendations for legislative consideration
HEALTH	Health Care Access	Local Health Care Coverage Planning Grant \$100,000	33, Act 215 - 115(a)	01/15/07				Provide \$100K planning grant to selected grantee
HEALTH / Grantee	Health Care Access	Local Health Care Coverage Planning Grant \$100,000	33, Act 215 - 115(a)	06/30/07	RFP issued on 9/20/06; Grantee selected in 12/06			Written report submitted on feasibility of local coverage initiative
Bi-State	Health Care Access	Medicaid enrollment outreach study	Act 215 -342	11/15/06	Grant in process to NE Health and Wellness			Bi-State primary care assoc. to report outreach and enrollment strategies
BISHCA	Health Care Access	Non-Group Market Reform	31	01/15/07	Report submitted; working with Administration on implementation strategy		Report	Recommend to Legislature re: best method to strengthen nongroup market
BISHCA	Health Care Access	Non-Group Market Reform	31	07/01/07	Consultant provided through AcademyHealth SCI program.; report submitted on 1/26/07		Report	Implement reforms approved during the 2007 legislative session
BISHCA	Health Care Access	Non-Group Market Reform	31	07/01/08				Monitor non-group market performance and affordability; continue to make adjustments
BISHCA	Health Care Access	Non-Group Market Security Trust	27(a-d)	07/01/07		On-going		Apply for federal grant, adopt rules and establish trust to lower cost & increase access to individual and nongroup market
AHS / AoA	Health Care Access	Outreach and Enrollment	16-1985(a)	01/15/07	Application for start-up fundng submitted to CMS 7/1/06; notified of approval on 10/6/07.		Rules	Pursue foundation funding to assist with refinement of, and funding for, comprehensive outreach and enrollment strategies
AHS / BISHCA	Health Care Access	Outreach and Enrollment	16-1985(a)	05/01/07	Proposal submitted to RWJ on 12/28/06; proposal not accepted			Implement an aggressive enrollment strategy for Catamount Health and premium assistance programs
BISHCA / DCF / OVHA	Health Care Access	Outreach and Enrollment	47(1)	12/30/08	Steering Committee formed in 1/07; in contract negotiations with marketing firm (GMMB)			Re-conduct the Vermont Household Health Insurance Survey in late 2008 to assess insurance coverage and potential areas for enrolling the remaining uninsured
AHS / BISHCA	Health Care Access	Outreach and Enrollment	16-1985(a)	01/15/09			Survey	Using the 2008 survey as a guide, propose new initiatives to increase insurance coverage for Vermonters
BISHCA / DCF / OVHA	Health Care Access	Outreach and Enrollment	47(1)	12/30/09				Re-conduct the Vermont Household Health Insurance Survey in late 2009 to assess insurance coverage and potential areas for enrolling the remaining uninsured
AHS / BISHCA	Health Care Access	Outreach and Enrollment	16-1985(a)	01/01/10			Survey	Using the 2009 survey as a guide, propose new initiatives to increase insurance coverage for Vermonters
BISHCA	Health Care Access	Outreach and Enrollment	21 - 902(a)(1)(D)	01/01/10				Report on insurance coverage to the General Assembly
General Assembly	Health Care Access	Outreach and Enrollment	21 - 902(a)(1)(D)	2010 Session			Report	Legislative decision about individual mandate
AHEC / HEALTH	Health Care Access	Vt Health Care Educ Loan Repayment Fund \$880,000	Act 215 - 119(a) (f) (g), 331	01/01/07				New fund established to help recruit and retain health care providers and educators in underserved geographic and specialty areas
HEALTH	Health Care Data Systems	Blueprint IT alignment with other health care IT	5 - 702 (c)(1)(F)	01/01/07	2007 Award selection completed for Primary Care Practitioners, Dental, Nursing and Nurse Faculty .	on-going		5-year strategic plan includes alignment of IT needs w/other health care IT initiatives and complete design for chronic care IT model

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HEALTH / VITL	Health Care Data Systems	Blueprint Chronic Care Information System	4 (c)(2)	01/01/07	IT is addressed in Blueprint Strategic Plan submitted in January, 2007	Annually	Report	Chronic Care Information System model included in Blueprint Strategic Plan
HEALTH / VITL	Health Care Data Systems	Blueprint Chronic Care Information System	4 (c)(2)	06/01/07	CCIS IT Model is in Blueprint Strategic Plan submitted in January, 2007			Implementation of first community site - Mt. Ascutney - for the Blueprint Chronic Care Information System (CCIS)
HEALTH / VITL	Health Care Data Systems	EMR loan program for Primary Care Practices	Act 215 -330(k)	07/01/07	Contract signed w. GE; go live planned for end of June 2007			Explore availability of low interest loans through federal or private organizations as complementary or alternative to state funding
HEALTH / VITL	Health Care Data Systems	EMR loan program for Primary Care Practices	Act 215 -330(k)	07/01/07	discussion w. Gov's staff; part of IT plan under development			Establish a loan & grant program for EMRs at primary care practices; implementation plan must be in Health IT Plan
VITL	Health Care Data Systems	Health Care IT Coordination	Act 215 - 330(h)	01/01/06	To be included in Blueprint implementation			VITL Progress Report
AHS	Health Care Data Systems	Health Care IT Coordination	Act 215 - 328	on-going	Report submitted	Annually	Report	Assure IT components of Blueprint, OVHA GCR, and other HC IT projects are incorporated into and comply with Statewide Health Information Technology Plan (VITL) & DII initiatives
BISHCA / VPQHC	Health Care Data Systems	Health Care IT Coordination	Act 215 -329	on-going				Assure IT components of VPQHC QA system are incorporated into and comply with Statewide Health IT Plan (VITL) & DII Initiatives
VITL	Health Care Data Systems	Health IT Plan (final)	Act 215 - 330(g)	07/01/07				VITL to submit Final Health Information Technology Plan
VITL	Health Care Data Systems	Health IT Plan (preliminary)	Act 215 - 330(g)	01/01/07	In progress; VITL is working with advisory committees		Report	VITL to submit preliminary Health Information Technology Plan
AHEC / HEALTH	Health Care Data Systems	Master Provider Index	58(a)	09/01/06	Plan submitted 1/1/07		Report	Convene work group to make Master Provider Index recommendations
AHEC	Health Care Data Systems	Master Provider Index	58(b)	01/15/07	Completed		Work Group	Report to Leg. to advise creating Master Provider Index
AoA	Health Care Data Systems	Master Provider Index	58(b)	07/01/07	Report available inhrd copy and on AHEC and HCR web-sites		Report	Implement Master Provider Index report recommendations adopted by the General Assembly, within available resources
VITL	Health Care Data Systems	Medication History Project	Act 215 - 328	04/03/07				Medication History Project implemented at first two sites - Regional Medical Center and Northeastern Vermont Regional Hospital
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410	01/31/07	Kick-off 1/16/07; to go live 4/07; contracts signed with BCBS, MVP, Medicaid			Implement pilot initial registration of TPAs and PBMs to test the registration process and proposed draft registration form
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410	06/01/07	Registration under the voluntary pilot began 1/11/07			Issue an RFP for the development and management of the health insurance claims data collection, database, and reporting system
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410	06/01/07				Establish rules for registration of non-licensed entities, including third party administrators (TPAs) and pharmacy benefit managers (PBMs), that have claims and other required data
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410	09/01/07				Establish rules for the collection, management and reporting of health insurance claims data including required participation and enforcement, data submission standards, security, privacy protections, and policy and procedures addressing permissible data
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410	09/01/07				Select a vendor for development and management of the health insurance claims data collection, database, and reporting system
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410	01/31/08				Collect an initial test set of claims data from required participants
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410	04/01/08				Report on compliance, technical barriers, data quality, and responsiveness of required participant to corrective action plans in preparation for full implementation of data collections
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410	06/01/08				Implement full data colleciton, processing, database development and reporting capabilities
BISHCA	Health Care Data Systems	Multi-payer Database	57 - 9410 (c)(3)(C)	01/31/09				VITL and VPQHC access to the BISHCA healthcare database subject to such terms and conditions as the commissioner may prescribe by regulation
BISHCA	Health Care Data Systems	Price & Quality System, Multi-payer Database \$400,000	Act 215 - 87(b)	07/01/06				To help implement the multi-payer database and the consumer price and quality system

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VITL	Health Care Data Systems	Statewide Infrastructure	Act 215 - 330(g)	07/01/09	Funding appropriated			Continue to expand VITL capacity to develop statewide infrastructure
BISHCA / VITL	Health Care Data Systems	VITL Business Plan \$700,000 (FY06)	Act 215 - 346	07/01/06		on-going		FY06 \$500,000 contingent on Sec of A approval of VITL plan to coordinate w/ Blueprint & delivery of sustainable business plan to Sec of A and Legislature
BISHCA / VITL	Health Care Data Systems	VITL Business Plan \$700,000 (FY07)	Act 215 - 87 (a)	07/01/06	BISHCA - VITL contract signed		Report	FY07 Contingent on Sec of A approval of VITL plan to coordinate w/ Blueprint & delivery of sustainable business plan to Sec of A and Legislature; not available until FY06 funds expended
AHS / OVHA	Premium Assistance	Approval - CMS Waiver amendment	13 -1974(a); 13 - 1974(f); 22	12/01/06	BISHCA - VITL contract signed		Report	Seek GC waiver to establish (& include in MCO premium rate) the ESI and Catamount premium assistance program for VHAP & uninsured up to 300% FPL; if not approved, may use MCO investment process
DCF	Premium Assistance	Catamount - eligibility rules for assistance	16 - 1983 (c)	07/01/07	Submitted to CMS on 9/11/06		Waiver	Establish rules for Catamount premium assistance program to include: specific criteria for eligibility, individual and family contribution amunts
DCF / OVHA	Premium Assistance	Catamount - Proposed design changes if needed	16	01/01/08	Proposed rules submitted to LCAR on April 13, 2007		Rules	Evaluate effectiveness of Catamount Health Plan premium assistance levels and propose recommended changes if necessary
DCF	Premium Assistance	Catamount cost-sharing	16 - 1984(a)(b)	07/01/07				Establish (adopt amounts in Bill) individual and family contribution amounts
DCF / OVHA	Premium Assistance	Catamount Premium Assistance Implementation	16	10/01/07	Proposed rules submitted to LCAR on April 13, 2007		Rules	Implement Catamount Premium Assistance Program
DCF	Premium Assistance	Catamount-grievance re: assistance eligibility	16- 1985(b)	10/01/07				Establish a grievance process re: premium assistance eligibility
DCF / OVHA	Premium Assistance	ESI - cost effectiveness test methodology (Catamount comparison)	13 - 1974 (c)(5)	10/01/07	Fair Hearing process in place; needs statutory technical change			Cost-effective test: ESI w/premium assistance versus Catamount w/premium assistance
OVHA	Premium Assistance	ESI - Children inclusion	13 -1974(a)	11/15/06	Draft methodology by end of March			Decide whether to include children if parents choose to do so
OVHA	Premium Assistance	ESI - Chronic Care Cost Wrap	13 - (c)(3)	10/01/07	Deferring decision			Implement that administrative processes to pay chronic care cost-sharing for beneficiaries enrolled in chronic care management
DCF / OVHA	Premium Assistance	ESI - eligibility rules for assistance	13- 1974 (b)(2) (c)(4)(A)	07/01/07	Draft methodology by end of March			Establish rules for ESI premium assistance programs
DCF / OVHA	Premium Assistance	ESI - Implementation	13 - 1974(a - i)	10/01/07	Proposed rules submitted to LCAR on April 13, 2007		Rules	Implement ESI Premium Assistance Program
DCF / OVHA	Premium Assistance	ESI - Implementation / Fiscal Report	13- 1974 (h)	10/01/07				Report on # enrolled, income levels, ESI plans approved, % of premium & cost-sharing amounts paid by employers, net savings/cost
DCF / OVHA	Premium Assistance	ESI - Implementation / Fiscal Report (estimates)	13 -1974 (g)(2)	11/15/06		Monthly	Report	Submit ESI implementation/fiscal report to HAOC and JFC that contains estimated ESI premium, cost-sharing amounts, wrap benefits, plan for kids, projected FY08 budget impact; enables expenditures above initial \$250K
OVHA	Premium Assistance	ESI - Implementation Funding \$1,000,000	Act 215 - 105(c)	07/01/06	Report submitted on 11/22/06		Report	For admin start-up of ESI for Medicaid population, including VHAP survey
HAOC / JFC	Premium Assistance	ESI - Implementation Funding \$1,000,000	13 -1974 (g)(2)	12/12/06	\$250,000 available 07/01/06;			HAOC/JFC joint meeting to approve expenditure of remaining \$750K for implementation of the ESI program
DCF / OVHA	Premium Assistance	ESI - Proposed Design Changes, if needed	13- 1974	01/01/08	Funding approved at 12/12/06 meeting			Evaluate effectiveness of ESI premium assistance levels and propose recommended changes if necessary
DCF / OVHA	Premium Assistance	ESI - VHAP cost effectiveness test methodology (VHAP comparison)	13- 1974 (b)(3)	10/01/07				Cost-effective test: ESI w/premium assistance versus VHAP enrollment
DCF / OVHA	Premium Assistance	ESI - VHAP survey re: eligibility	13- 1974 (g)(2)	11/15/06	Draft methodology by end of March			Survey of VHAP enrollees potentially eligible for ESI premium assistance
DCF / OVHA	Premium Assistance	ESI for Medicaid Enrollees	13	01/01/08	Survey completed.		VHAP Survey	Explore extending ESI premium assistance to other Medicaid enrollees
E-board	Premium Assistance	Funding Availability	13- 1974 (e); 16- 1983(d) ; Act 215 - 315: 305(a)	7/15/07; 1/15/08				Emergency Board review of cost compared to available resources; potential decision to suspend new enrollments
DCF / OVHA	Premium Assistance	Premium Costs - effect on enrollment	Act 215 - 308(e)	07/01/06		Semi-annually		Report on disenrollment in each of the Medicaid or Medicaid waiver programs subject to premiums, with # of beneficiaries terminated from coverage for non-payment.

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Lead	Topic	Sub-topic	Act 190, 191 Section (refers to Acts 190 & 191 unless otherwise noted)	Due Date bold=statutory; plain =admin. internal target	Status	Required Frequency	Deliverable	Description
DCF	Premium Assistance	Premium reductions for Dr.D, SCHIP	12	07/01/07	July qtr report completed on 10/19/06	Quarterly	Report	Reduce premium payments for individuals enrolled in Dr. D and SCHIP
DCF	Premium Assistance	Premium Reductions for VHAP	11	07/01/07				Reduce premium payments for individuals enrolled in VHAP
OVHA	Premium Assistance	ESI - Chronic Care Approval Criteria	13 (b)(2) (B)	02/15/07				Establish the criteria to be used to evaluate whether ESI plans have appropriate chronic care coverage
BISHCA / HEALTH	Quality / Patient Safety Information	Adverse Event data in hospital community reports	Act 215 - 324: 1919(a)	03/01/09	Draft methodology by end of March			Recommend to BISHCA which adverse event data to include in Hospital Community Reports (18 months after data available)
HEALTH	Quality / Patient Safety Information	Adverse Event Reporting	Act 215 - 324: 1913(e)	12/31/11				Adverse event reporting system is fully functional and used routinely by all hospitals
HEALTH	Quality / Patient Safety Information	Adverse Event Reporting Rules	Act 215 - 324: 1914 - 1918	06/30/07				Rulemaking for hospital obligations
HEALTH	Quality / Patient Safety Information	Adverse Event Reporting Status	Act 215 - 324: 1913(e)	01/15/08	Draft rules filed with ICAR 4/07 (target). Intentional Unsafe Acts Interim Reporting Guidance for Hospitals signed by Commissioner Moffatt 12/11/06; Sent to Hospital CEOs, Quality Improvement Officers, Other Interested Parties.		Rules	Interim report on status & effectiveness of Adverse Event System
HEALTH	Quality / Patient Safety Information	Adverse Event Reporting Status	Act 215 - 324: 1913(e)	01/15/09			Report	Final Report and recommendations on expansion of Adverse Event system
HEALTH	Quality / Patient Safety Information	Adverse Event Reporting System \$160,000	Act 215 - 119(e), 324(a)(b)	06/30/07			Report	Establish system to collect and analyze data, verify hospital compliance, provide technical assistance
BISHCA	Quality / Patient Safety Information	Consumer Price & Quality Information System	57 - 9410 (a)(2)(B)	10/31/06	Nurse Surveyor hired 2/18/07			Advisory work group for consumer price and quality information system.
BISHCA	Quality / Patient Safety Information	Consumer Price & Quality Information System	57 - 9410 (a)(2)(C)	04/30/07	Work group has met 6 times to review research, hear presentations on existing initiatives, and develop elements for rule.		Work Group	Rulemaking to require insurers and other participants in the health care system to make price and quality information available to consumers
BISHCA	Quality / Patient Safety Information	Consumer Price & Quality Information System	57 - 9410 (a)(2)(C)	01/01/08	Draft rule distributed to work group, first round of comments received, second draft in process.		Rules	Rulemaking to require insurers and other participants in the health care system to make price and quality information available to consumers
BISHCA	Quality / Patient Safety Information	Consumer Price & Quality Information System	57 - 9410 (a)(2)(C)	01/31/08	Target for completion of rule-making process		Rules	Data collection to inform system to make price and quality information available to consumers
BISHCA	Quality / Patient Safety Information	Consumer Price & Quality Information System	57 - 9410 (a)(2)(C)	07/01/08	Insureres and providers begin collecting data			Continue to expand price and quality system as new data becomes available
BISHCA	Quality / Patient Safety Information	Consumer Price & Quality Information System	57 - 9410 (a)(2)(C)	07/01/08		on-going		Public reports available on price and quality information
BISHCA	Quality / Patient Safety Information	Hospital Infection reporting	Act 215 - 327	09/30/05	Reports available to public		Reports	Convene infection reporting advisory subcommittee of Act 53 Hospital Community Reports Work Group
BISHCA	Quality / Patient Safety Information	Hospital Infection reporting	Act 215 - 327	01/12/06	Workgroup convened			Identify potential infection measures for public reporting

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BISHCA	Quality / Patient Safety Information	Hospital Infection reporting	Act 215 - 327	08/20/06	Completed			Determine reporting mechanisms (CDC's National Healthcare Safety Network) for selected measures and coordinating body (VPQHC) for inquiries and data analysis
BISHCA / VPQHC	Quality / Patient Safety Information	Hospital Infection reporting	Act 215 - 327	11/10/06	Completed			Establish training schedule for hospitals to enroll in CDC system
BISHCA	Quality / Patient Safety Information	Hospital Infection reporting	Act 215 - 327	06/01/07	Completed			Publish data in 2007 Hospital Community Reports and repeat process
BISHCA	Quality / Patient Safety Information	Hospital Infection reporting	Act 215 - 327	11/01/06 - 4/30/07	Hospital-specific rates for central line infections in ICUs will be reported in June 2007 hospital reports	On-going		Collect data for 2007 public reporting of central line infection rates
BISHCA	Quality / Patient Safety Information	Safe Staffing / Patient Care	Act 153	07/01/06	Data collection 11/1/06 through 4/30/07 for central line infection rates in ICUs			Begin daily posting of nurse staffing in hospital units
BISHCA	Quality / Patient Safety Information	Safe Staffing / Patient Care	Act 153	11/15/06	Daily postings in hospitals			Research nurse staffing measures that are appropriate for public reporting in Hospital Community Reports
BISHCA	Quality / Patient Safety Information	Safe Staffing / Patient Care	Act 153	12/15/06	Identified nurses for work group, researched potential nurse staffing measures for public reporting, selected nursing care hours per patient day measure			Determine reporting mechanisms for selected measure(s)
BISHCA	Quality / Patient Safety Information	Safe Staffing / Patient Care	Act 153	12/15/06	VPQHC developed reporting mechanism / database, and will conduct data analyses.			Prescribe data collection time period
BISHCA	Quality / Patient Safety Information	Safe Staffing / Patient Care	Act 153	06/01/08	March - April 2007 data for nursing care hours per patient day will be provided in June 2007 hospital reports			Add nurse staffing measures to Hospital Community Reports
BISHCA	Quality / Patient Safety Information	Sorry Works!	Act 142	10/01/06				Engage one or more hospitals and their insurance agents to begin pilot program
BISHCA	Quality / Patient Safety Information	Sorry Works!	Act 142	03/15/07	BISHCA working with VAHHS and Southwestern Medical Center			Submit proposed statutory changes to Legislature
BISHCA	Quality / Patient Safety Information	Sorry Works!	Act 142	04/01/07	VAHHS working with hospitals and BISHCA; will report on necessary legislation			Work with hospitals and insurers to participate and initiate rulemaking to implement program if parties are participating
BISHCA	Quality / Patient Safety Information	Sorry Works!	Act 142	01/15/09	BISHCA answered VAHHS/hospital questions 4/6/07. Awaiting their decision/further questions re: participation under current law.			Implement pilot & recommendation report to Legislature
BISHCA	Quality / Patient Safety Information	Sorry Works!	Act 142	06/01/09			Report	If pilot program is successful, work with other hospital and their insurance agents to implement SorryWorks!
BISHCA	Quality / Patient Safety Information	Sorry Works!	Act 142	06/01/09		On-going		Pilot program sunsets
AoA	Reform Coordination	Reform 5 year Strategic Plan	3 (10)(d); Act 215 - 342a(a)- (d)	12/01/06				5 yr. strategic plan for implementing reforms; recommendations for administration / legislation
AoA	Reform Coordination	HCR Oversight	3 (10)(d); Act 215 - 342a(a)- (d)	01/15/07	Submitted on 12/1/06		Report	Report on progress of reform initiatives
AoA	Reform Coordination	HCR Oversight		01/31/07	on-going	Annually	Report	Develop web-sie for HCR implementation

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BISHCA / VAHHS	Simplification	Common Claims	55	07/01/06	Web-site available at www.hcr.vermont.gov			Establish Common Claims and Procedures work group
BISHCA / VAHHS	Simplification	Common Claims	55	09/01/06	Work group formed and meeting		Work Group	Present 2-year workplan and budget to HHC, SH&W
BISHCA / VAHHS	Simplification	Common Claims	55	01/15/07	Workplan submitted 9/1/06		Workplan	Present interim report on progress and interim steps
BISHCA / VAHHS	Simplification	Common Claims	55	01/15/08	Report submitted on 1/15/07		Report	Final Report with findings and cost savings achieved and expected future savings
BISHCA	Simplification	Common Claims	55	07/01/08			Report	Oversee implementation of new administrative procedures
BISHCA	Simplification	Common Claims	55	07/01/08		On-going		Amend rules in T18 sec 9408 to reflect Common Claims report
BISHCA	Simplification	Uniform Credentialing	56	09/21/06			Rules	Convene meeting to obtain input from insurers, hospital providers and CAQH
BISHCA	Simplification	Uniform Credentialing	56	11/05/06	Completed			Develop and distribute draft bulletin to interested parties
BISHCA	Simplification	Uniform Credentialing	56	11/17/06	Completed			Receive comments from interest parties
BISHCA	Simplification	Uniform Credentialing	56	12/15/06	Completed			Distribute final bulletin
BISHCA	Simplification	Uniform Credentialing	56	12/15/06	Final Bulletin distributed 12/12/06			Provide training opportunities and educational resources for insurers, hospitals, and providers
BISHCA	Simplification	Uniform Credentialing	56	01/01/07	Completed			New standard form being used by insurers and hospitals
AHS / HEALTH	Wellness	CHAMPPS - Inventory	Act 215 - 321(b)	12/15/06	Use of CAQH form required as of 01/01/07			Inventory of state wellness initiatives and funding
HEALTH	Wellness	CHAMPPS Grant Awards	Act 215 - 322((d)(7)	07/01/07	Submitted 12/15/06		Report	Date for grant awards to begin
HEALTH	Wellness	CHAMPPS Grants Committee	Act 215 - 322(c)	09/01/06	RFP available on 1/26/07		Grant Awards	Establish community grants committee
HEALTH	Wellness	CHAMPPS Program \$1,090,000	Act 215 - 119(i), 321-322	07/01/06	Committee meetings held during fall 2006/2007		Committee	Establish community grants program for comprehensive health & wellness projects
HEALTH	Wellness	CHAMPPS Status Reports	Act 215 - 322(e)	01/15/07	Funding appropriated			Status of community grants program
BISHCA / HEALTH / OVHA	Wellness	Healthy Choices Insurance Discounts	50, 51	05/30/07	Report submitted 1/19/07	Annually	Report	Rulemaking to permit carriers, et. al. to establish wellness rewards for enrollees
HEALTH	Wellness	Immuinizations - Establish Advisory Committee	24(a)	11/01/06			Rules	Establish Immunization Advisory Committee
HEALTH	Wellness	Immunizations - Universal Access Implementation	23- 1130(b)	10/01/07	Have held 2 conference call meetings of Immunization Advisory Committee; consulted with OVHA		Adv Comm	Implement universal access to immunization report recommendations, within available resources
HEALTH	Wellness	Immunizations -Universal Access Recommendations	24(a)	01/15/07				Study and make recommendations re: methods to ensure universal access to immunizations